

Exhibit Q



CITY OF MADISON
ZONING BOARD OF APPEALS
APPEAL APPLICATION

\$200 Filing Fee

Ensure all information is **typed** or legibly **printed** using blue or black ink.

Notices are sent to the District Alderperson and to owners of record as listed in the Office of the City Assessor. Maximum size for all drawings is 11" x 17".

Name of Applicant: Edgewood High School of the Sacred Heart, Inc.

CITY OF MADISON

Address: 2219 Monroe Street
Madison, WI 53711

MAY 31 2019

Daytime Phone: (608) 257-1023 Evening Phone: N/A

Email: mike.cary@edgewoodhs.org (with copy to krist@foley.com and mdlee@foley.com)

**Planning & Community
& Economic Development**

1. The undersigned hereby appeals the decision of the Zoning Administrator in regard to Madison General Ordinance Section No. 28.097

2. When relevant to a specific property, fill out below:

Street Address: 2219 Monroe Street
Madison, WI 53711

3. List of grounds for the appeal, statements, evidence of fact, and any additional information associated with the appeal are provided on a separate attachment.

Applicant Signature: 

FOR OFFICE USE ONLY

| | |
|-----------------|------------------|
| Amount Paid: | Zoning District: |
| Receipt: | Hearing Date: |
| Filing Date: | Published Date: |
| Received By: | Appeal Number: |
| Parcel Number: | GQ: |
| Alder District: | |

DECISION

The Board, in accordance with the findings of fact, hereby determines that the requested appeal for _____ is _____

Approved

Denied

Conditionally Approved

Zoning Board of Appeals Chair:

Date:

1/3/13